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DECLARATION FOR UTILITY OR	Attorney Docket Number	5204 / 16-890 P/US	
DESIGN	First Named Inventor	GRIMES, James et al	
PATENT APPLICATION	COMPLETE IF KNOWN		
(37 CFR 1.63)	Application Number		
Declaration Submitted OR With Initial Filing Submitted after Initial Filing (37 CFR 1.16 (e)) required)	Filing Date		
	Art Unit		
	Examiner Name		
I hereby declare that:			
Each inventor's residence, mailing address, and citizenship ar	e as stated below next to th	eir name.	

I believe the inventor(s) na which a patent is sought o			nventor(s) of the subje	ect matter v	which is claim	ied and for	
A MOBILE TELEC			ROUTING SYS	STEM A	ND METH	OD	
		(Title of the	Invention)				
the specification of which		·					
is attached hereto							
OR			_				
was filed on (MM/D	D/YYYY)	07 January 2004	as United States A	pplication l	Number or Po	CT International	
Application Number PC	T/IE2004/000001	and was amended	I on (MM/DD/YYYY) (if applicable).				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to continuation-in-part applic and the national or PCT in	ations, material	information which bec	ame available betwee	defined in en the filing	n 37 CFR 1.5 date of the	56, including for prior application	
I hereby claim foreign pri inventor's or plant breede country other than the Uni application for patent, inve before that of the applicati	ority benefits unglessized or the control of the co	nder 35 U.S.C. 119(a) ate(s), or 365(a) of an merica, listed below and preeder's rights certifica	-(d) or (f), or 365(b) or PCT international and have also identified	oplication we below, by o	vhich designa checking the	ated at least one box, any foreign	
Prior Foreign Application Number(s)	n Country	Foreign Filing (MM/DD/YY)			Certified C	opy Attached?	
03394004.0	EP	08 January 2003					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
[Page 1 of 2] This collection of information is required by 35 H.S.C. 115 and 37 CER 1.63. The information is required to obtain or retain a barrefit by the public which is to file							

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Correspondence Direct all The address address below correspondence to: associated with **Customer Number:** Name GEORGE L. PINCHAK, ESQ. **Address** WATTS HOFFMANN Co., L.P.A., P.O. Box 99839 City State ZIP **CLEVELAND** OHIO 44199-0839 Country Telephone **Email** USA 216/241-6700 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname **GRIMES** James Date Inventor's Signature Citizenship Residence: City State Country **DUBLIN IRELAND** IRELAND Mailing Address 127 Gleann na Ri, Druid Valley, Rathfarnham City State Zip Country DUBLIN 18 **IRELAND** NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor Family Name or Surname Given Name (first and middle [if any]) McGUINNESS Inventor's Signature Date Citizenship Residence: City State Country **DUBLIN IRELAND IRELAND** Mailing Address 39 Crannagh Castle, Rathfarnham City State Zip Country DUBLIN 14 **IRELAND** Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.